

# AFFIDAVIT OF SURPLUS LINE BROKER FORM SL-2

State of \_\_\_\_\_

County of \_\_\_\_\_, City of \_\_\_\_\_

\_\_\_\_\_ first being duly sworn, deposes and says that the AFFIANT is a duly LICENSED SURPLUS LINE BROKER for the State of Arkansas, and that the coverages were placed through the following listed companies and received by the broker during the month of \_\_\_\_\_, 20\_\_.

AFFIANT states that, to the best of AFFIANT'S knowledge, the placing of these coverages has been done in full compliance with the State of Arkansas and acknowledges that the information contained herein is true and correct to the best of said AFFIANT'S knowledge and belief.

Surplus Line Insurers Issuing Coverage	Amount of Premium	Expense of Underwriting	Tax Due (Prem. + Exp. x 4%)
<b>TOTALS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\_\_\_\_\_  
Agency\_\_\_\_\_  
Surplus Line Broker\_\_\_\_\_  
Address\_\_\_\_\_  
Telephone Number

Subscribed and sworn to or affirmed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_, 20\_\_.

**INDIVIDUAL SHEETS (FORMS SL-2A) SHOWING THE COMPANIES AND PREMIUMS, FEES AND TAXES  
MUST BE ATTACHED TO THIS FORM.**  
(Rev. 03/03)

# STATE OF ARKANSAS

## MONTH AND YEAR OF REPORT

AGENCY NAME:

INSURER NAME: \_\_\_\_\_

[illegible]

\* Column (2): If the name insured is a member of a Purchasing Group, please name Purchasing Group (Example: John Smith/XYZ Purchasing Group)

**\*\*Column (7): Proper Designation:** Binder, Audit, Endorsement, Excess, Monthly Report, Additional Premium, Return Premium

(Rev. 03/03)